

# TRAVEL EXPENSE CLAIM

See Instructions and \*Privacy  
Statement on separate docushare  
document

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CLAIMANT'S NAME William Douglas Hoffner				SSAN OR EMPLOYEE NUMBER*		DEPARTMENT <del>XXXX</del> Labor & Workforce Development Ag						
POSITION <del>XXXXXX</del>		BARGAINING UNIT		DIVISION OR BUREAU Office of the Secretary			EMPLOYEE MIC or 4-DIGIT MAIL SERVICES CODE E 25					
RESIDENCE ADDRESS* <del>XXXXXX</del>				HEADQUARTERS ADDRESS 801 K Street, Suite 2101			TELEPHONE NUMBER 916-327-9064					
CITY <del>XXXXXX</del>		STATE CA		ZIP CODE <del>XXXX</del>		CITY Sacramento		STATE CA				
ZIP CODE 95814												
(1) MONTH/YEAR 05/2010		(3) LOCATION WHERE EXPENSES WERE INCURRED		(4) LODGING	(5) MEALS BREAKFAST LUNCH O.T., LT, RELO or DINNER		(6) INCIDENTALS	(7) TRANSPORTATION (A) COST OF TRANS (B) TYPE USED (C) CARFARE, TOLLS, PARKING (D) PRIVATE CAR USE Miles Amount		(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY	
(2) Date	Time											
6	1013 2317	Sac-LosAngeles-Sac			18.00			PC	9.00	22	\$11.020	38.020
19	0515 1927	Sac-Orange-Sac			6.00 18.00			PC	9.00	22	\$11.020	44.020
26	1045 1300	Sacramento						PC		7	\$3.500	3.500
Southwest Airlines via state contract												
(10) SUBTOTALS					6.00 36.00				18.00	51.1	\$25.540	\$85.54
COLUMN CODE (ACCTG. USE ONLY)												
CLAIM TOTAL												\$85.54
(11) PURPOSE OF TRIP: REMARKS AND DETAILS (Attach receipts/vouchers when required)				(11A) Summary Description/ Cost Center Exp. Code Debit Amount Project Code Activity Code For Fiscal Use Only						(12) NORMAL WORK HOURS		
5/6 EEEC outreach for Korean restaurant industry employers										(13) PRIVATE VEHICLE LICENSE <del>XXXX</del>		
5/19 EEEC annual training in Orange										(14) MILEAGE RATE CLAIMED \$0.500		
5/26 EEEC annual training in Sacramento										AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NUMBER		
				Total						Document Reference Prepared By		
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as prescribed by SAM Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.												
CLAIMA <del>XXXXXX</del>		DATE 5/28/10		(16) OFFICER APPROVING TRAVEL AND PAYMENT <del>XXXXXX</del>						DATE 6-1-10		
(17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See item 17 on reverse)												